



State of Connecticut

Department of Public Safety / Division of State Police

FATAL

## ACCIDENT INFORMATION SUMMARY

State Police Troop: TROOP-KCase Number: DPS-06-006822

Notations:

Traffic: MWeather: DLane 1 of 1

Direction of Travel:

N S E WInvestigating Trooper: MCMAWAY # 0761Date: 02/09/06Time: 1939 Hrs.No. & Type of Veh's Involved: 1 CAR  
(Passenger Car, Truck, Bus, Etc.)Related Information: PEDESTRIAN  
(Pedestrian, Pole, Bridge Abutment, Etc.)Town / City: COLCHESTERLocation of Accident: RT.16Utility Pole Name & Number (If Applicable): N/A

Other (Specify):

Oper #1: GORDON, ANNETTE

Oper #2:

DOB: 05/26/61Gender: ☐ M ☒ F

DOB:

Gender: ☐ M ☐ FAddress: 120 FALLS RD.

Address:

Town: MOODUS State: CT Zip: 06469

Town: State: Zip:

Oper. Lic. # 054109040 Type: 2 State: CT

Oper. Lic. # Type: State:

Owner #1: SAME

Owner #2:

Address: SAME

Address:

Registration Plate: 264TMH State: CT

Registration Plate: State:

Make: TOYT Model: 4 RUNNER Year: 93

Make: Model: Year:

VIN: JT3VN39W0P0125367

VIN:

Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: TRAVELERS INS.

Insurance Company:

Insurance Policy #: 9782718981011

Insurance Policy #:

Injuries: N/A

Injuries:

Vehicle Damage: FRONT MINOR

Vehicle Damage:

Vehicle Towed: ☐ No ☒ Yes, DESMONDS (TROOP-K)Vehicle Towed: ☐ No ☐ Yes,Occupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]N/A

Oper #3:

DOB: Gender: ☐ M ☐ F

Address:

Town: State: Zip:

Oper. Lic. # Type: State:

Owner #3:

Address:

Registration Plate: State:

Make: Model: Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #4:

DOB: Gender: ☐ M ☐ F

Address:

Town: State: Zip:

Oper. Lic. # Type: State:

Owner #4:

Address:

Registration Plate: State:

Make: Model: Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,Occupant(s): [Name / DOB / Address / Position in Veh]

**Brief Description of Accident**

On 02/09/06 at approximately 1939 hours, Troop K responded to the area of Rt. 16, approximately 1/2 mile east of Rt. 149, Colchester for a reported two-car motor vehicle accident involving an unoccupied vehicle. Subsequent to this investigation, a second motor vehicle accident occurred in the same area involving a car vs. pedestrian. The pedestrian was transported from the scene via Life Star Helicopter, to Backus Hospital in Norwich. It was later determined that the pedestrian succumbed to her injuries and died. Anyone who may have witnessed this accident or has any information regarding this investigation, please contact Troop K, Colchester at (360)-537-7500.

This investigation is: ☒ Open / Continuing ☐ Closed

**MEDICAL ATTENTION:**#1 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital \_\_\_\_\_

Injuries \_\_\_\_\_

#2 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital \_\_\_\_\_

Injuries \_\_\_\_\_

#3 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital \_\_\_\_\_

Injuries \_\_\_\_\_

#4 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital \_\_\_\_\_

Injuries \_\_\_\_\_

**FATALITIES: Do Not Release Unless Next of Kin Notified**Name LIBERA, JOANNE E.Next of Kin Notified? ☒ Yes ☐ No

Name \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No**ENFORCEMENT ACTION:**Arrested UNDER INVESTIGATION

Warned \_\_\_\_\_

Arrested \_\_\_\_\_

Warned \_\_\_\_\_

**Supervisor's Approval Required:** Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_